

EMPLOYMENT REFERENCE GUIDE

for
INDIVIDUAL
PROVIDERS



"We make a living by what we
get, but we make a life by
what we give."

– Sir Winston Churchill

AGING AND DISABILITY SERVICES ADMINISTRATION
Washington State Department of Social and Health Services

Employment Reference Guide for Individual Providers

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The person for whom you provide personal care is your employer.

Using the Employment Reference Guide for Individual Providers

The Employment Reference Guide for Individual Providers (IPs) reviews many of the things you need to know about your employment. Please read through the entire *Reference Guide* carefully.

All IPs belong to a union called Service Employees International Union (SEIU). This is the result of Initiative I-775 passed in 2001 by Washington's voters and put into law in 2002.

Many of your terms and conditions of employment are covered under the SEIU Local 775 collective bargaining agreement (union contract). Information about your pay rate, and when you can expect a raise can be found in the union contract.

Call SEIU Local 775 toll-free at **1-866-371-3200** if you haven't received a copy of this union contract, or have questions regarding the collective bargaining agreement or the union.

In the future when you have a question, look back through this *Reference Guide* before calling others to find an answer. Look in the Table of Contents on the back of the front cover to quickly find the information you need.

Hiring Process

Hiring Process

- Interview
- Contract standards and requirements
- Contract signing
- Training

In this job, your potential employer receives services through the Department of Social and Health Services (DSHS). Before DSHS, on behalf of your employer, can pay for the services you provide, there are additional requirements and steps you will need to take. You must:

- Be 18 years of age or older.
- Provide picture identification and a Social Security card or an authorization to work in the United States. The information on these documents must match. If not, you will need to apply for a new Social Security Card or picture ID so that the documents are consistent.
- Pass a criminal background check and be fingerprinted.
- Sign a contract with DSHS and agree to the conditions listed in it.

CRIMINAL BACKGROUND CHECK AND FINGERPRINTING

You will be asked to complete a Criminal History Background Inquiry Application. If you have lived in Washington State less than three years, this will also include fingerprinting. If your background check shows a conviction for certain crimes, ***state law prohibits you from being contracted or paid through state or federal funds***.

Background checks will be completed at least every two years of your employment.

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CONTRACT SIGNING

You will be asked to review and sign a *DSHS Client Service Contract*. Review this contract carefully. The contract outlines what you agree to do by accepting payment from DSHS for providing services to a DSHS client. You must fill out and sign it before you can be paid. The date the contract is signed is the first date you can be paid regardless of when you started working.

You will be asked to fill out and sign two (2) original *DSHS Client Service Contract* forms. Both copies of the contract also need to be signed by a DSHS Social Worker or AAA Case Manager. One copy will be returned to you for your records.

If you change your name, you must fill out a new contract with your employer's Social Worker or Case Manager. You will need to provide your new Social Security card and picture ID to your employer's Case Manager or Social Worker. Copies of each of these documents will be made, two new contracts signed, and a copy given to you.



All IPs must
complete training.

Training Requirements

The Washington State Legislature recognizes the importance of the services caregivers like you provide. The law requires ALL caregivers providing care to DSHS clients to take orientation, basic training and on-going continuing education.

All IPs must take the 2-hour ***Caregiver Orientation Workbook Self-Study and Video*** within **14 calendar days** after beginning to work with their first DSHS client.

All IPs must take either the ***Revised Fundamentals of Caregiving*** or ***Modified Fundamentals of Caregiving Self-Study*** training course **within 120 days of employment**. Whether you can take the *Modified Fundamentals of Caregiving Self-Study* depends on previous professional training.

IT IS YOUR RESPONSIBILITY TO SIGN UP FOR THE TRAINING AND COMPLETE THE COURSE WITHIN THE REQUIRED 120 DAYS AFTER YOU ARE HIRED. If you do not complete the class within the 120 days, your contract will be terminated. You will NOT BE PAID for any hours you work after the deadline.

The Case Manager or Social Worker assigned to your employer can help you know how and where to take this class. As much as possible, classes will be offered in your area.

For each calendar year after the year you complete your *Revised Fundamentals* or *Modified Fundamentals Self-Study* class, you must take at least ten (10) hours of **approved continuing education (CE) training**. CE training topics must be about caregiving.

You can take CE training anytime during the calendar year. If you do not complete your CE requirement during that calendar year, you will not be paid for any hours you work after January 1st of the next calendar year.

The Case Manager or Social Worker will assist you in understanding and meeting this continuing education requirement. They will also have specific information about continuing education classes in your area. Proof of completion of these continuing education hours is required.



Nurse Delegation Training Requirements

If any nursing tasks will be delegated to you through nurse delegation, you have the following additional training requirements.

You must be a Nursing Assistant - Certified or Registered.

If you are a ...	You must have successfully completed ...
Nursing Assistant – Registered	Basic Training (Revised Fundamentals of Caregiving or other DSHS-approved basic training) and Nurse Delegation for Nursing Assistants
Nursing Assistant – Certified	Nurse Delegation for Nursing Assistants

Your employer's Case Manager may deny you a contract under certain circumstances.

REASONS A CONTRACT MAY BE DENIED

Although your new employer hires and supervises you as their IP, laws and regulations allow your employer's Case Manager or Social Worker to deny you a contract under certain circumstances.

*For example, your employer's Case Manager or Social Worker **may** deny you a contract if:*

- You have another job or personal responsibilities that stop you or get in the way of you providing the services defined in the Service Plan;
- You live too far from your employer to be able to provide services as defined in the Service Plan;
- Your employer's health care provider(s) or other knowledgeable persons say you don't have the ability to provide adequate care;
- You have a reported history of domestic violence, no-contact orders or criminal conduct;
- You abuse alcohol or drugs.

*Your employer's Case Manager or Social Worker **must** deny you a contract when you:*

- Are the spouse of your employer (unless your spouse receives Chore services);
- Have been convicted of certain crimes;
- Have abused, neglected, abandoned, or exploited a child or adult;
- Have had a license, certification, or a contract for child care or the care of vulnerable adults denied, suspended, revoked, or terminated for not meeting state and/or federal rules;
- Are already meeting the needs of your potential employer on an informal basis;
- Potential employer is assessed by their Case Manager or Social Worker and does not have any unmet personal care needs;
- Are not hired by the DSHS client.



GETTING PAID

INDIVIDUAL PROVIDER TIMESHEETS (DSHS 15-051X)

The *Individual Provider Timesheet* is used to record the number of hours you work each day. Filling out your *Timesheet* should become part of your daily routine. Your employer's Case Manager or Social Worker will ask to see completed *Timesheets* from time to time.

You and your employer need to review your *Timesheet* for accuracy and sign it each month. These *Timesheets* provide both protection and accountability for you. *Timesheets*:

- Are a record of your work;
- Help reduce any disagreements between you and your employer about the hours, days, and work you have done; and
- Provide a way for your employer's Case Manager/Social Worker to monitor the hours and tasks you provide.

Your employer will give you a supply of *Timesheets*. *Timesheets* have been translated into several different languages. Check with your employer's Case Manager or Social Worker if you want *Timesheets* in another language.

Give one copy of your *Timesheet* to your employer and keep one copy for your own records.

Not completing your *Timesheets* correctly and/or consistently may result in delay or denial of payment or possible termination.

Filling out your *Timesheet* should be part of your daily work routine.



To be paid by DSHS,
you must complete
your timesheet.



FILLING OUT YOUR TIMESHEET

- Print your employer's name in the top row of the form in the "CLIENT/EMPLOYER NAME" box;
- Print your own name in the "INDIVIDUAL PROVIDER'S NAME" box;
- Fill in the calendar month in the "MONTH" box and the year in the "YEAR" box;
- Enter the time you started work in the "TIME SERVICE BEGAN" box in row "A" below the number representing the day of the month. Be sure to include AM or PM;
- Enter the time you stopped work in the "TIME SERVICE ENDED" box in row "B";
- Enter the total hours for that day in row "C";
- Enter the number of miles you transported your employer that day (if you did);
- Do this for each day you worked during the month;
- At the end of the month, add up the total number of hours worked from row "C" and put the total in the "Totals" column.
- Make a check in all the personal care tasks listed on the form that you performed as defined in the Service Plan during that month.
- After you have completed the form, have your employer review it for accuracy. If your employer agrees with the hours worked, he/she should sign their name under "CLIENT'S SIGNATURE".
- Sign your own name under "INDIVIDUAL PROVIDER'S SIGNATURE".
- Use your Timesheet to fill out your SSPS Service Invoice accurately.
- Keep one copy for your records (for two (2) years) and give one copy to your employer for his or her files.



AGING AND ADULT SERVICES ADMINISTRATION
INDIVIDUAL PROVIDER TIME SHEET

CLIENT/EMPLOYER NAME		INDIVIDUAL PROVIDER'S NAME										MONTH										YEAR
Smith, Cheryl		Paris, Rita										October										2003
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						
A TIME SERVICE BEGAN	8 A	10 A	10 A		9 A	9:30 A	9:30 A			9 A	9 A	9 A	8 A									
B TIME SERVICE ENDED	3 P	1 P	1 P		3 P	1:30 P	1:30 P			3 P	3 P	3 P	4 P									
C TOTAL HOURS EACH DAY	7	3	3		6	4	4			6	6	6	8									
D MILEAGE																						
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS						
A TIME SERVICE BEGAN		10 A	10 A	9 A			9:30 A	9:30 A	9 A	9:30 A		8:30 A										
B TIME SERVICE ENDED		1 P	1 P	3 P			2:30 P	2:30 P	3 P	1:30 P		1:30 P										
C TOTAL HOURS EACH DAY		3	3	6			5	5	6	4		5				90						
D MILEAGE																						

CHECK TASKS PERFORMED DURING MONTH									
<input checked="" type="checkbox"/> Meal Preparation	<input checked="" type="checkbox"/> Dressing	<input checked="" type="checkbox"/> Ambulation	<input checked="" type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Housework	<input type="checkbox"/> Essential Shopping				
<input type="checkbox"/> Eating	<input checked="" type="checkbox"/> Personal Hygiene	<input checked="" type="checkbox"/> Transfer	<input type="checkbox"/> Toileting	<input type="checkbox"/> Wood Supply					
<input type="checkbox"/> Positioning	<input type="checkbox"/> Body Care	<input type="checkbox"/> Self Medication	<input checked="" type="checkbox"/> Laundry	<input type="checkbox"/> Transport to Medical					

INSTRUCTIONS

A. Enter time service began – indicate AM or PM as appropriate. C. Enter total hours worked each day.

B. Enter time service ended – indicate AM or PM as appropriate. D. Mileage: All miles traveled transporting or shopping for a client when authorized per SSPS.

DO NOT send these time sheets to Case Managers. Keep completed time sheets in our records for two (2) years. Copies will be requested by Case Managers at the time of reassessment.

CLIENT'S SIGNATURE	INDIVIDUAL PROVIDER'S SIGNATURE
Cheryl Smith	Rita Paris

Good caregivers are:

- Independent
- Tolerant
- Alert and attentive
- Self-disciplined
- Consistent
- Enjoy helping others
- Caring
- Compassionate
- Patient
- Responsible
- Problem solvers



SSPS SOCIAL SERVICE LETTER (DSHS 14-259X)

An *SSPS Social Service Letter* is sent to you when:

- services are first authorized;
- there are any changes in the authorized services or payment;
- your employer is no longer eligible for services and your position ends.

The *SSPS Social Service Letter* shows the type and maximum number of **service units** you are authorized to provide each month for your employer(s). Units will be in hours (HR), days (DA), or miles (MI).

When you receive a *SSPS Social Service Letter*, check to be sure the following information is correct:

- Your name;
- Your mailing address;
- Units of service (HR, DA, MI);
- Payment amount.

If any of this information is incorrect, immediately call the authorizing Social Worker or Case Manager to correct the mistake. If you do not call them about errors, you may get the wrong pay. The name and phone number of the person to call are at the bottom of the *SSPS Social Service Letter*.



Washington State
Department of Social
& Health Services

Social Services Notice

Local Office Name
Address

Date

Provider Number
Provider Name
Address

Authorization Number

THIS IS TO NOTIFY YOU THAT:

1. AUTHORIZATION FOR ***Provider Name*** TO PROVIDE COPES FOR ***Client Name*** IS CHANGED OR UPDATED TO THE FOLLOWING:

SERVICE IS APPROVED FROM 07-07-03 THROUGH 05-31-04. THE RATE IS \$x.xx PER HOUR FOR UP TO 90 HOURS PER MONTH FOR A MAXIMUM OF \$xxx.xx PER MONTH.

- YOU WILL RECEIVE A SERVICE INVOICE EACH MONTH. FILL OUT THE INVOICE ACCORDING TO THE INSTRUCTIONS.
- SOCIAL SECURITY AND MEDICARE TAXES WILL BE WITHHELD FROM EMPLOYEE WAGES. THE STATE OF WASHINGTON PAYS THE EMPLOYER'S SHARE ON BEHALF OF ***Provider Name***, THE EMPLOYER.
- PAYMENT OF THIS SERVICE WILL GENERATE A W-2. FICA TAXES WILL BE REFUNDED AFTER YEAR-END WHEN ANNUAL PAYMENT FOR SERVICE TO ONE CLIENT IS UNDER THE YEARLY FICA LIMIT. INCOME TAX IS NOT WITHHELD.

IF YOU HAVE QUESTIONS, PLEASE CALL ***authorized Case Manager or Social Worker*** AT ***telephone number***.

INFORMATION FOR SERVICE PROVIDER

_____ The information on this notice is confidential. You may not give out information without the client's written permission.

_____ The client(s) named on the first page of this notice is authorized to receive the service(s) listed for the dates specified. DSHS will not pay for the service(s) provided before the services start date or after the service end date. If the changes are made to this authorization, you will be notified with another social service notice.

Please call the authorization worker identified on the first page of this notice if any information is incorrect.

INFORMATION FOR CLIENT

The information on the first page of this notice tells what services are approved for you or your family.

You must tell the authorizing worker identified on the first page of this notice if:

- There is a change in the person who provides the service;
- There is a change in the amount of service you are receiving;
- Your income or resources change;
- Your address or your provider's address changes.

THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) MAY NOT PAY FOR THE SERVICE UNLESS DSHS APPROVES THE CHANGE AHEAD OF TIME.

If DSHS decides to suspend, reduce, or stop service, DSHS must tell you in writing. You must tell the service provider of this change in service or eligibility.

If you disagree with an action or decision by DSHS, you can request a review. These are steps you must take:

1. Discuss the situation with your worker.
2. Talk with your worker's supervisor.
3. Ask for an administrative review **OR** request a hearing.

If you disagree with a decision, other than an exception to rule/policy, you have the right to request a hearing. You do not have a right to a hearing for an exception to rule/policy decision; however, you may file a complaint in accordance with Chapter 388-426 WAC. You have a limited amount of time to request a hearing before you lose the right to have one. Ask your worker about the time frames and requirements for requesting a hearing and for a copy of any laws or WAC rules that apply to your situation. To request a hearing, write to:

OFFICE OF ADMINISTRATIVE SERVICES
PO BOX 2465
OLYMPIA WA 98507-2465

SSPS SERVICE INVOICE (DSHS 08-141)

The *Social Service Payment System* (SSPS) *Service Invoice* is used to help you calculate your service units and communicate these units to DSHS. *Service Invoices* from SSPS/DSHS are printed on the 22nd (or the closest business day to the 22nd) for the current month. *Service Invoices* go to the post office late on the 22nd or the following business day.

Complete the *Service Invoice* to confirm the hours you worked during the month. You can report these hours either via mail or by telephone using Invoice Express (see page 15). You should not call or mail in your *Service Invoice* before you know what hours you have worked during the month.

Service Invoices called into Invoice Express or input into SSPS before 5 pm on the last business day of the month will be processed for payment the first business day of the **next** month. A check will typically be mailed to you the second business day of the next month.

Service Invoices processed before 5 pm each business day after the first business day of the next month after the services were performed, will be processed and typically mailed out the next business day.

Checks are not processed or sent out for services performed in the current month. For example, if you call in your May hours on May 24th, a check will not be processed for these services until after the first business day in June.

Any change reported after the 20th of the month may not take effect until the next month.

Do not call or mail in your *Service Invoice* before you know what hours you have worked.



Checks are never sent out for services performed in the current month.

INVOICE

INVOICE NUMBER	PAGE	OF	PAYEE NUMBER
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PROVIDER NUMBER: _____ FOR MONTH ENDING: **10-31-03**

TO SIGN UP FOR DEPENDABLE DIRECT DEPOSIT, SEE INSTRUCTIONS. FOR PAYMENT ISSUES, INCLUDING TIMELINESS, SEE INSTRUCTIONS.



HOW TO PROCESS YOUR INVOICE

Telephone invoice Express at 1-888-461-8855 and follow the instructions (recommended).

OR

Follow the instructions sent with this form. **Attach postage stamp(s) before mailing.**

SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

PAYEE

PROVIDER

1		SERVICE RECIPIENT COPE PARTICIPATION		SERVICES PERIOD 10/01/03 TO 10/31/03		AMOUNT AUTHORIZED \$160.00		AUTHORIZED RATE \$160.00		SERVICE UNIT MON		TOTAL UNIT 1		SCHOOL HOLIDAY CARE	
		SERVICE NAME				REFERENCE				MON		1			
CASE NUMBER		AUTHORIZATION		3		WORKER I.D.		REPORTING UNIT		SERVICE CODE		COLLECT AMOUNT SHOWN ABOVE FROM CLIENT			
2		SERVICE RECIPIENT COPE PER CARE INDIV		SERVICES PERIOD 10/01/03 TO 10/31/03		AMOUNT AUTHORIZED \$758.70		AUTHORIZED RATE \$8.43		SERVICE UNIT HRS		TOTAL UNIT 90		SCHOOL HOLIDAY CARE	
		SERVICE NAME				REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
3		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
4		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
5		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					
6		SERVICE RECIPIENT		SERVICES PERIOD		AMOUNT AUTHORIZED		AUTHORIZED RATE		SERVICE UNIT		TOTAL UNIT		SCHOOL HOLIDAY CARE	
		SERVICE NAME		TO		REFERENCE									
CASE NUMBER		AUTHORIZATION				WORKER I.D.		REPORTING UNIT		SERVICE CODE					

VENDOR'S CERTIFICATE: When you submit this invoice for payment, you are certifying that the items and totals listed herein are proper charges for services, materials, or merchandise furnished to the State of Washington and that all services, materials, or merchandise rendered have been provided without discrimination because of race, color, religion, sex, sexual orientation, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensory, mental, or physical handicap.

PAYEE SIGNATURE	PROVIDER SIGNATURE
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If mailing this invoice, make a copy for your records, attach postage and return to:
DSHS 08-141 (REV. 03/2001)



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
1550 DATA CONTROL
PO BOX 45889
OLYMPIA WA 98504-5889

SSPS INVOICE INSTRUCTIONS

DEPENDABLE PAYMENT BY DIRECT DEPOSIT

To eliminate mail problems, use DIRECT DEPOSIT. For an application, write to: SSPS Direct Deposit Desk, PO Box 45812, Olympia WA 98504-4812 or go to: <http://www.dshs.wa.gov/ssps>. Also, visit Access Washington at <http://access.wa.gov> for more information on government services in Washington State.

● FAST PAYMENT

PHONE IN YOUR INVOICE - PROCESS YOUR INVOICE QUICKLY BY TELEPHONE (Recommended!):

1. Fill out the invoice and sign it. Some services require two (2) signatures.
2. Call Invoice Express toll-free at 1-888-461-8855.
3. Listen carefully. Each time you make an entry, you will hear it repeated and be asked if the number is correct.
4. Stay on the telephone after finishing all items. You may review or directly submit for payment.
5. You will be asked to press the asterisk key when finished. You will then hear a confirmation message.
6. IMPORTANT: Do not hang up until you hear the message that your invoice was successfully submitted.
7. Keep the invoice and remittance advice.

NOTE:

- Use a touch-tone telephone.
- Enter zero only when you should **NOT** be paid.
- Do **NOT** mail your invoice after calling Invoice Express.
- If you phone in an invoice already processed, you will hear a message that processing has already occurred.

● PAYMENT BY PHYSICAL MAIL

MAIL IN YOUR INVOICE - Process your invoice by mail with your own postage. Fill out the invoice as follows. Make a copy for your records.

WHITE BOXES

Authorized Rate: DO NOT FILL IN THIS BOX UNLESS YOU ARE CLAIMING A RATE LOWER THAN IS PRINTED.

School Holiday Care: This box is only for hourly child care for a school age child when you have provided care during school holidays. Enter the number of extra hours of care you provided during school holidays.

BOLDED BOXES

Service Unit: Each (EA), Hour (HR), Day (DA), and Mile (MI) are preprinted and cannot be changed.

If the Service Unit is MONTH (MON) and you provided service for the full SERVICE PERIOD enter MON in the bolded Service Unit box. If you are claiming less than the full SERVICE PERIOD, enter DA for Day in the service unit box. Then enter the number of days care was provided in the Total Units box. **NOTE:** If you enter DA in the Service Unit box and then claim more days than are in the service period, the invoice will reject, preventing payment until correction.

Total Units: Enter the number of units provided. If service was not provided, enter 0. For a daily service, count every day, including the begin day and the end day. For example: 6-10 - 6-20 is 11 days, not 10.

ENTER WHOLE NUMBERS ONLY (no fractions or decimals).

SIGNATURE BOXES

Payee: A SIGNATURE IS ALWAYS REQUIRED.

Provider: The Social Service Notice will tell you when two signatures are required.

CAUTION

- Do NOT leave a bolded box blank or the invoice will be mailed back to you, delaying payment.
- Do NOT send notes or attach anything to the invoice.
- Do NOT cross out pre-typed information.
- Do NOT write in changes other than those specifically allowed for above.
- PUT POSTAGE ON THE ENVELOPE BEFORE MAILING.

Why isn't my payment any quicker than it is?

According to the state constitution, the state cannot pay for a service until the service is complete. Payment to a vendor is considered timely if made within 30 days of the receipt of a properly completed invoice plus mail time, according to RCW 39.76.010. **SSPS makes it a top priority to not only pay faster than required, but to pay as fast as is technically and legally possible.** The social service worker does need to authorize services within deadlines to have an invoice generated.

For more information on SSPS, visit our web site at: <http://www.dshs.wa.gov/ssps>. For Washington State government information and services, visit <http://access.wa.gov>.



INVOICE EXPRESS

Invoice Express is a fast and easy way to submit your *SSPS Service Invoice* for payment.

Invoice Express allows you to:

- Enter your *Service Invoice* by telephone at any time;
- Avoid any post office delays due to mailing in your *Service Invoice*;
- Call in the last day of the month (before 5pm) to record hours and receive a check faster than if you mailed the invoice on the last day of the month;
- Correct errors on the spot at any time before the * key is pressed. Once the success message has been received it is too late to make changes;
- Call to confirm you *Service Invoice* has been processed before the first of the month.


Invoice Express is a fast and easy way to submit your SSPS Service Invoice for payment.

With Invoice Express you cannot:

- Lower your rate. Rate changes are not allowed by telephone (mail in your *Service Invoice* if any rate changes are involved);
- Enter a *Service Invoice* a second time.

USING INVOICE EXPRESS

Fill out your *SSPS Service Invoice* form before you call. Use it to help you report the units served. Keep the paper *SSPS Service Invoice* for your records. **Call 1-888-461-8855.**



The fast, easy way to submit your SSPS invoice for payment!

Use your invoice to report services by telephone

- 1 Your first question to answer when calling Invoice Express is whether your invoice is Regular or Supplemental. The answer to that question is found here.
- 2 You will be asked to use the numbers on your telephone to enter the first 3 digits and then the 6 digits after the letter and dash of your Invoice Number.
- 3 To make sure no other person can get to your invoice by telephone, you will be asked to enter the payee number shown in this gray shaded box.
- 4 Invoice Express will read the last 4 digits of your reference number, so that you will know which line you are on.
- 5 The lines will be read to you starting with 0001, until you have entered the number of units you have served or a 0 on all service lines.
- 6 Invoice Express will read to you the type of service unit. In the case of months (MON), you will be able to report either a full month or a partial month by reporting the number of days served (DA).
- 7 When you are asked to enter the units, use the numbers on your telephone number pad.

INVOICE SUPPLEMENTAL

INVOICE NUMBER: 0295-03410

PAYEE: 001

ISSUED: 001

ISSUED NUMBER: 99999

PERIOD: 05-31-99

INSTRUCTIONS TO VENDORS:

1. Fill in all blank pink boxes on all lines with services.
2. Do not send notes or attachments. Any notes or attachments will be returned to you and payment will be delayed.
3. Sign the invoice and keep the blue copy for your records.

SERIAL SERVICE PAYMENT SYSTEM (SSPS)

Rardin, Franida
401 W Mullan St
Spokane, WA 99223

Rardin, Franida
401 W Mullan St
Spokane, WA 99223

1. SERVICE RECIPIENT	SERVICE PERIOD	ADULT AUTHORIZED	ADULT AUTHORIZED	ADULT AUTHORIZED	ADULT AUTHORIZED
CHARLES, CHAR	05/01/99	6089-72	6-18	HR	CA
PS RESPITE CARE-HOURLY	05/31/99	001-01-0031	HR	HR	HR
CARE NUMBER: 4608432432	3555461-01	2	20MC70	851	07505
2. SERVICE RECIPIENT	SERVICE PERIOD	ADULT AUTHORIZED	ADULT AUTHORIZED	ADULT AUTHORIZED	ADULT AUTHORIZED
CHARLES, CHAR	05/01/99	616-23	6-38	HR	CA
000 PS TRANSP - RILES	05/31/99	003-82-0002	HR	HR	HR

These are the bolded boxes on your invoice.

MAILING YOUR SSPS SERVICE INVOICE

If you prefer to mail in your *SSPS Service Invoice*, review the directions mailed to you each month with your *Service Invoice*. Allow 14 business days from the time your *Service Invoice* is mailed to receive your check.

Mail your SSPS Service Invoice to:

Attn: ISSD Data Control
P.O. Box 45889
Olympia, WA 98504

It takes up to six weeks for Direct Deposit to begin after you have mailed in your request.

You can choose Direct Deposit rather than having checks mailed to you.

DIRECT DEPOSIT

The Social Service Payment System (SSPS) lets you deposit your money directly into your checking or savings account. You can choose Direct Deposit rather than having checks mailed to you.

Once established, Direct Deposit is made within five business days following the first business day of the month when a *Service Invoice* has been successfully entered into the system.

Most people qualify for Direct Deposit. You may not be able to use it if:

- Your check comes in someone else's name, like a protective payee or the person you are caring for;
- Your income is subject to garnishment;
- You change your bank account frequently;
- You do not maintain the bank's minimum amount.

There are forms you must fill out and send in and sign-up information you need if you wish to receive payments from DSHS through Direct Deposit. There are several ways to get the forms and sign-up information. On the Internet, go to <http://asd.dshs.wa.gov/ssps/> and click on "Direct Deposit".

You can also ask your employer's Case Manager or Social Worker for the DSHS Direct Deposit brochure (DSHS 22-361X). There is a tear-out form inside the brochure to mail-in your request for the necessary forms and sign-up information. It takes up to six weeks for Direct Deposit to begin after you have mailed in your request.

Or, you can send a letter to request the same information. The letter **MUST** provide the following information:

- Your interest in Direct Deposit forms and sign-up information;
- SSPS Provider Number;
- Your Name;
- Street Address;
- City/State/Zip code;
- Phone Number with area code.

Mail your request to:

Department of Social and Health Services
Attn. SSPS
P.O. Box 45812
Olympia, WA 98504-5812

CALLING FOR HELP

If you have a question about getting paid, review all the materials in this section (see pages 6-20). Your questions may be answered without having to call anyone. If after rereading this section you can't figure out what to do, call your employer's Case Manager or Social Worker.

Contact your employer's Case Manager or Social Worker when:

- You have questions about how to fill out your *SSPS Service Invoice*,
- You have questions about the units of service shown on the *SSPS Service Invoice*,
- An authorized person's name or service is missing;
- An authorized person's name appears on the *SSPS Service Invoice* for whom you have NOT provided care and/or the person is NOT expected to return to his or her home;
- You have not received an *SSPS Service Invoice* for the current month you worked and it is the last working day of that month.
- Your name or address changes.

Remember:

- You may not increase hours of service without your employer and his/her Case Manager or Social Worker making changes to the Service Plan;
- You will not be paid for additional hours that the Case Manager or Social Worker has not authorized.

COMMON PROBLEMS AND SOLUTIONS FOR GETTING YOUR CHECK

What if my SSPS Service Invoice is wrong?

If you receive an *SSPS Service Invoice* that doesn't list all of the services you were authorized to provide or if the service is shown at a lesser rate or for a shorter time period than you worked, call your employer's Social Worker or Case Manager. The service(s) must appear on the *SSPS Service Invoice* before you can be paid for providing them.

Invoices can be forwarded; checks cannot. Report name or address changes immediately.

Your SSPS Service Invoice is considered late if you have not received it by the last working day of the month.

Payment for services within the current month are not sent out before the second business day of the next month.



What if I don't get my *SSPS Service Invoice*?

Your *SSPS Service Invoice* is considered late if you have not received it by the last working day of the month. If the *Service Invoice* is late, contact your employer's Social Worker or Case Manager.

What if I lose my *SSPS Service Invoice*?

To request a duplicate *SSPS Service Invoice*, contact your employer's Social Worker or Case Manager.

What if my check is late?

If you mail your *SSPS Service Invoice*, factor in five business days from when you mail your *Service Invoice* for it to be received and processed in Olympia. After the first of the month, *Service Invoices* processed before 5 pm on any business day are typically mailed out within two business days. Allow for postal service delays when calculating if your check is late.

Remember, payment for services within the current month **are never mailed before the second business day of the next month.**

See the section "SSPS Service Invoice (DSHS 08-141)" on page 12 for an explanation of when you should expect payment using Invoice Express.

Can I call SSPS myself?

No. Call your employer's Case Manager or Social Worker.

What if my check is lost?

If your check has been lost, your employer's Social Worker or Case Manager will have you sign an affidavit of Lost, Stolen, or Destroyed Warrant (DSHS 09-13x), and have it notarized. You will not get a duplicate check until at least 30 days after the first check was issued.

What if my check is wrong?

Call your employer's Social Worker or Case Manager.

What if I call in/mail in my *SSPS Service Invoice* and discover I provided more services/hours than I entered?

Contact your employer's Social Worker or Case Manager.

What if my mailing address changes?

To avoid a delay in your payment, call your employer’s Social Worker or Case Manager right away. Provide the address change information so the SSPS computer can be updated. Remember, the Post Office will forward invoices to a new address, but not paychecks.

Will I be paid when my employer goes on vacation, nursing home or to the hospital?

No.

WARRANT SYSTEM REMITTANCE ADVICE – (DSHS 07-071)

A Warrant System Remittance Advice form is mailed with your (DSHS) check. It provides a personal record of DSHS payments. Keep them for your records.

If you have Direct Deposit, you will receive an Electronic Funds Transfer Remittance Advice close to the day your money is put into your bank.

General Employment Information

TAXES

Most IPs receive payment from both DSHS (on behalf of your employer) and directly from their employer (employer participation). DSHS does not withhold Federal Income Tax from either of these payments.

You will receive a W-2 wage statement after the end of the year from DSHS. This W-2 wage statement includes only the payments you received directly from DSHS on behalf of your employer during that year. The amount you receive directly from your employer will not be included.

For information about paying your federal income taxes, which may include quarterly estimated tax payments, call the Internal Revenue Service (IRS) Monday through Friday between 8:15 a.m. and 4:15 p.m.

- IRS Information: 1-800-829-1040
- IRS Forms: 1-800-829-3676
- IRS Website: www.irs.gov

To avoid a delay in payment, call your employer’s Case Manager right away when your mailing address changes.

For income tax
information, call the
Internal Revenue
Service (I.R.S) at
1-800-829-1040

Although DSHS is not your employer, DSHS (with certain exceptions) is the Third Party Payor responsible for the withholding and payment of Social Security and Medicare taxes (FICA) from the amounts DSHS pay to you on behalf of your employer.

DSHS (with certain exceptions) is also the Third Party Payor responsible for the payment of Federal and State Unemployment Taxes (FUTA/SUTA).

Your employer may also be responsible for withholding Social Security and Medicare taxes from the amounts your employer pays you directly. For further information on FICA tax withholding, you or your employer may call the DSHS Tax Information Line at (360) 664-5830.

OTHER DEDUCTIONS FROM YOUR PAYCHECK

SEIU union dues and your employee contribution towards health insurance and L & I will be deducted from your paycheck monthly.

OBTAINING EVIDENCE OF INCOME

You cannot get evidence of income from your employer's Social Worker or Case Manager.

You must write to:

SSPS

P.O. Box 45812

Olympia, WA 98504-5812

UNEMPLOYMENT COMPENSATION

If your job as an Individual Provider ends, you can apply to Employment Security Department (ESD) for unemployment compensation benefits. You must also meet any ESD rules. Use your employer's (client's) name and address when filling out ESD forms. DSHS, the Area Agency on Aging, and their employees are not your employer.

HEALTH INSURANCE - SEIU Local 775 Multi-Employer Health Benefits Trust

Beginning in February 2005, the SEIU Multi-Employer Health Benefits Trust will offer worker only health care benefits to eligible IPs. To be eligible, you must work at least three consecutive months, at a minimum of 86 hours per month, and not be eligible to receive health care benefits through other family coverage, other employment based coverage, Medicare, or military or veteran's coverage.

Other eligibility requirements, benefits, and enrollment are determined by the SEIU Multi-Employer Health Benefits Trust. Your share of the premium payment of \$17 per month will be deducted from your regular pay after you enroll and have met the eligibility requirements.

A company called Benefit Solutions, Incorporated manages the SEIU Multi-Employer Health Benefits Trust for IPs. Contact them toll-free at **1-866-771-7359** or visit **<http://www.SEIU775.org>** to receive an enrollment form or for more information.

BASIC HEALTH PLAN

You may also qualify for the Washington Basic Health Plan (BHP). The BHP is a state-sponsored health insurance plan. BHP provides medical care through private health plans statewide. As an IP, you may qualify for BHP at a cost of \$17.00 per month. Based on your family income, your family members may also qualify. There is no citizenship or alien requirements. BHP is not a Medicaid program.

You may qualify for this program if:

- Your earnings and other family income meet the income guidelines;
- You are not eligible for Medicare;
- You are a Washington State resident (proof of residency must be provided).

To receive a BHP application, call **1-800-826-2444**. Be sure to identify yourself as a "Personal Care Worker working for a DSHS client." You will receive an application, a consumer guide, and charts showing the premium you will pay.



You must give at least two weeks written notice before quitting.

You cannot abandon or leave your employer without the ability to get any of the basic necessities of life.

It is up to your employer to provide a job reference for you.

WORKERS' COMPENSATION

IPs are covered by workers' compensation insurance through the Washington State Department of Labor and Industries. This means you may file a claim for benefits for any work-related illness or injury.

If you need immediate medical care, go to the nearest hospital or see your regular doctor. Tell the doctor your injury or illness is work-related and make sure to fill out a "Report of Injury or Occupational Disease" form.

A company called Sedgwick CMS manages all workers' compensation claims for IPs. Contact them toll-free at **1-866-897-0386** if you are injured on the job. For more information or questions regarding workers' compensation, contact the Home Care Quality Authority at (360) 725-2618.

IF YOU LEAVE YOUR JOB

You must give at least two weeks written notice before you quit working for your employer. You must work your assigned schedule until the end of that notice period. Leaving your employer alone without needed assistance can be considered abandonment and is against the law.

You must give notice of quitting to:

- Your employer and/or their legal representative. **This must be in writing**
- Your employer's Case Manager or Social Worker; Any other persons or organizations that your employer requests or is required to notify.

REFERENCES AND EMPLOYMENT VERIFICATION

It is up to your employer to provide a job reference for you. It is best to get a written job reference from your employer. Often job references are needed because your employer's health status changes, he/she moves to a residential setting, or dies and your services are no longer needed. Think about getting a written job reference while it is possible for your employer to provide it. Let your employer know you are not thinking of leaving now but thinking ahead for the future.

People needing to verify your employment or income status (loan application or housing inquiries, etc.) should be directed to your employer.

The Social Worker, Case Manager or any representative from the State of Washington cannot do this for you.

WHEN YOUR CONTRACT MAY BE TERMINATED

There are certain conditions or situations that are causes for termination of your DSHS contract. Your contract may be terminated if your inability or unwillingness to provide adequate care jeopardizes your employer's health, safety, or well-being (see Washington Administrative Code (WAC) 388-71-0500 through 05952 for more information).

Examples of circumstances in which your employer or your employer's Case Manager or Social Worker may terminate your contract:

- You are terminated by your employer;
- You are convicted during your time of employment of disqualifying crimes;
- Evidence exists of domestic violence, abuse, neglect, abandonment, or exploitation of a minor or vulnerable adult;
- You do not complete the training requirements within the required time limits;
- You use or are under the influence of alcohol or illegal drugs during working hours;
- Your behavior toward your employer or other persons in his or her life places your employer at risk of harm;
- A report from your employer's health care provider says your employer's health is negatively affected by receiving inadequate care from you;
- You fail to provide essential services as identified in your employer's Service Plan, such as medications or medical supplies;
- A complaint is received from your employer or their representative that your employer is not receiving adequate care from you.

State agencies adopt rules, also known as Washington Administrative Code (WAC), to implement state and federal law.

WAC's can be read by:

- Going to the DSHS Internet site at: <http://www.leg.wa.gov/wac/>;
- Visiting your local, public library and asking for help there;
- Asking your employer's Case Manager or Social Worker for a copy.



Ordering Publications

You may order this booklet and other DSHS publications through the Department of Printing's (DOP) General Store. Go to the DOP's website at:

www.prt.wa.gov

Publication requests may also be placed:

- By e-mail at fulfillment@prt.wa.gov
- By phone at (360) 570-5024
- By fax at (360) 586-8831

Make sure to include the name of the publication, publication number (DSHS 22-xxx), and a contact name and street mailing address for orders placed by e-mail, phone, or fax.

DSHS does not discriminate in serving or contracting with people because of race, color, national origin, gender, sexual orientation, age religion, creed, marital status, disability, or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.

To learn more about caregiving
and long-term care topics visit:

www.adsa.dshs.wa.gov

To find:

- Free brochures and booklets on caregiving and long-term care topics.
- More information on the Family Caregiver Support Program.
- Telephone numbers and addresses of local offices working with seniors.
- A list of adult family homes, boarding homes, or nursing homes by county.
- Frequently asked questions and answers about long-term care.



ADSA Aging & Disability
Services Administration

DSHS 22-221(X) (Rev. 12/04)